

Fig. 1

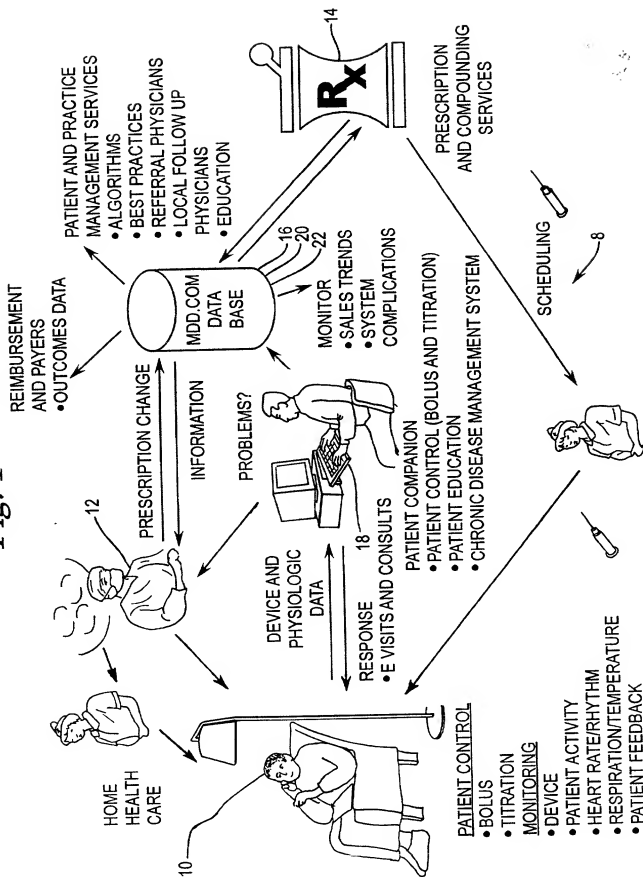


Fig. 2

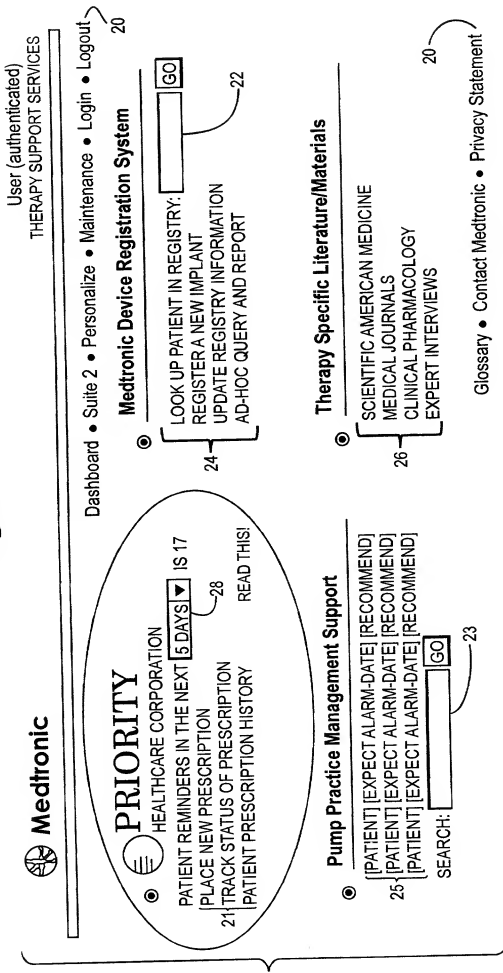
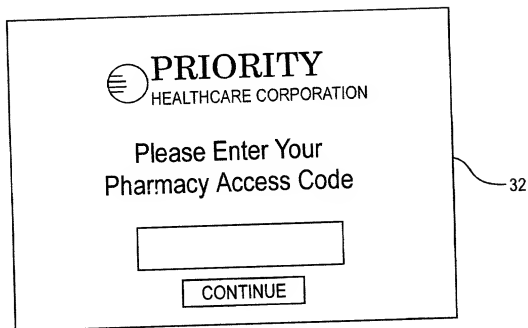



Fig. 3



1000772.031902

Fig. 4



PRIORITY
HEALTHCARE CORPORATION

Patient Prescription Reminders

Patient Rx scheduled but not placed

You have 17 patient prescriptions due within the next

Add New Patient+Reminders

Patient Name	Last Rx	Re-Order Due	
Jane Doe	01-Nov-2000	28-Dec-2000	Rx
John Doe	15-Oct-2000	28-Dec-2000	Rx
Michael Patient	17-Nov-2000	30-Dec-2000	Rx
Jack Smith	03-Sep-2000	31-Dec-2000	Rx
Mary Smyth	01-Dec-2000	01-Jan-2001	Rx

Fig. 5



Add Patient Prescription Reminder

Select Patient:

52

SEARCH

(Last-name, First-name)

Patient Name	Last Rx	Next Rx	View/Edit
John Doe	28-Dec-2000	Calendar	Patient Profile

54

41

Rx REMINDERS

PLACE NEW Rx

TRACK Rx STATUS

PATIENT HISTORY

56

46

48

49

Fig. 6



Confirm Patient Prescription Reminder

Reminder has been scheduled. Click Submit to continue or Calendar to change.

Patient Name	Last Rx	Next Rx	Change
<u>John Doe</u>	28-Dec-2000	30-Jan-2001	<u>Calendar</u>

Submit

PATIENT HISTORY

TRACK Rx STATUS

PLACE NEW Rx

Rx REMINDERS

56

46

48

49

54

62

54

62

10007772.031902

Fig. 7

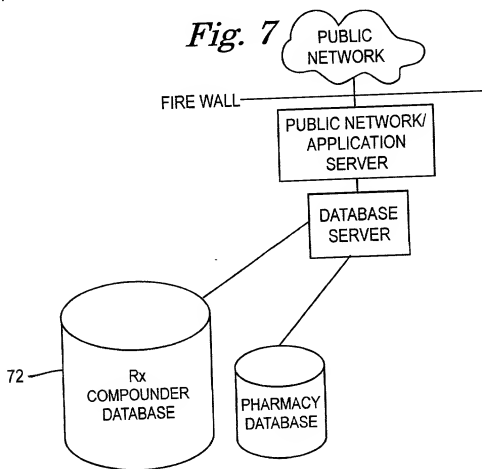


Fig. 8

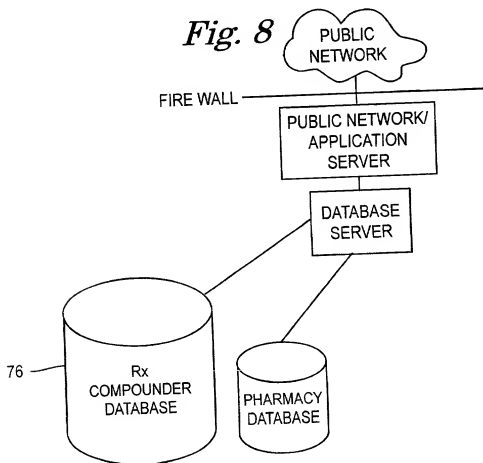


Fig. 9

PRIORITY
HEALTHCARE CORPORATION
Order New Prescription

Select Patient: SEARCH (Last-name, First-name)

Add New Patient+Prescription

Patient Name	ID	Actions		
Jane Doe	0823	Rx History	Patient Profile	Rx
John Doe	0488	Rx History	Patient Profile	Rx
Michael Patient	0787	Rx History	Patient Profile	Rx
Jack Smith	0123	Rx History	Patient Profile	Rx
Mary Smyth	0333	Rx History	Patient Profile	Rx

PATIENT HISTORY

TRACK Rx STATUS

PLACE NEW Rx

Rx REMINDERS

49

48

46

56

41

96

94

43

Fig. 10

PRIORITY
HEALTHCARE CORPORATION

Prescription-Referral Information
Patient Select is John Q. Doe (DOB. 1-Jan-1956, SSN 123-45-6789)

Change 1008

Authorizing Physician	Current User
Jonathan Doctor, M.D. Change 1006	Jane M. Doe, R.N.

Pump Refill?	Model	Need Refill Kit?
<input checked="" type="radio"/> Yes <input type="radio"/> No 1002	86237L18	8551 <input checked="" type="radio"/> Yes <input type="radio"/> No 1004

1001
 1003
 1005

Fig. 11



Prescription-Referral Information

Patient Select is John Q. Doe (DOB. 1-Jan-1956, SSN 123-45-6789)

Primary Diagnosis	ICD9 Code	Actions
Neuropathic back pain, L2 area injury	XYZ	<input type="button" value="Update"/>
Allergies		
Sensitive to Thimerisol based preservatives		<input type="button" value="Update"/>
Height		
170 cm.	137 lbs.	<input type="button" value="Update"/>


1003

1001

1005

1102

Fig. 13


PRIORITY
 HEALTHCARE CORPORATION

Prescription-Referral Information
 Patient Select is John Q. Doe (DOB. 1-Jan-1956, SSN 123-45-6789)

Switch to Manual Rx 1302

Medication	Concentration (mg or mcg/ml)	Daily Dose (mg or mcg/day)
1. Infumorph	25 mg/ml	1.5 ul/day
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Syringe volume (typically 10 or 20 ml): 20 ml 1304

Fixed delivery rate or current programmed rate: 20 ml/day 1306

GO BACK
CANCEL
CONTINUE

1001
1003
1005


Fig. 14

PRIORITY
HEALTHCARE CORPORATION

Prescription-Referral Information
Patient Select is John Q. Doe (DOB. 1-Jan-1956, SSN 123-45-6789)

Bill To:			
<input checked="" type="radio"/> Insurance/3rd Party	<input type="radio"/> Doctor	<input type="radio"/> Patient	<input type="radio"/> Other: Specify 1401
Ship To Location:			
<input type="radio"/> Doctor's Office	<input checked="" type="radio"/> Hospital Pharmacy	<input type="radio"/> Clinic	<input type="radio"/> Other/Edit 1403
Delivery Date:	04-Jan-2001 (next day)	Calendar	<input type="radio"/> By 10:30 AM
Next Refill Date:	14-Feb-2001 (calculated)	Calendar	

Fig. 15


PRIORITY
 HEALTHCARE CORPORATION

Prescription-Referral Information
 Patient Select is John Q. Doe (DOB. 1-Jan-1956, SSN 123-45-6789)

Section	Action
Physician (proxy) Information	OK <input checked="" type="checkbox"/>
Patient Information	OK <input checked="" type="checkbox"/>
Insurance (billing) Information	Review <input checked="" type="checkbox"/>
Medical (Rx) Information	Review <input checked="" type="checkbox"/>
Pump Information	Review <input checked="" type="checkbox"/>
Shipping Information	Review <input checked="" type="checkbox"/>

1502

1504

1003

1001

Fig. 16

Print ? X

Printer: **Hp Laser Jet 8100 Series PCL 6** **Properties**

Name: **Idle**

Status: **HP Laser Jet 8100 Series PCL 6**

Type: **\\Mspcorp15WH_N2_PQ76_8100**

Where: ☐ Print to file

Comment:

Page range: ☐ All ☐ Current page ☐ Selection

Pages:

Enter page numbers and/or page ranges separated by commas. For example, 1, 3, 5-12

Copies: Number of copies: ☒ Collate


Zoom:

Print what:

Print:

Options... **OK** **Cancel**

Fig. 17



PRIORITY
HEALTHCARE CORPORATION

Check Prescription Status

You have 29 prescriptions shipped in last 30 days.
5 are awaiting verification, 10 are in-process (production/shipping).

1704

Patient Name	Rx #	Date Needed	Rx Status	eMail
Jane Doe	723572	28-Dec-2000	Received	<input style="width: 100px; height: 30px; border: 1px solid black;" type="button" value="Inquire"/>
John Doe	245938	28-Dec-2000	Verified	<input style="width: 100px; height: 30px; border: 1px solid black;" type="button" value="Inquire"/>
Michael Patient	846724	30-Dec-2000	Production	<input style="width: 100px; height: 30px; border: 1px solid black;" type="button" value="Inquire"/>
Jack Smith	123321	31-Dec-2000	Shipped	<input style="width: 100px; height: 30px; border: 1px solid black;" type="button" value="Inquire"/>
Mary Smyth	772324	01-Jan-2001	Delivered	<input style="width: 100px; height: 30px; border: 1px solid black;" type="button" value="Inquire"/>

Fig. 18



Patient History, Charts, Reports

Select Patient:

1802

SEARCH

(Last-name, First-name)

Patient Name	ID	Pharmacy		Medtronic	
Jane Doe	0823	History	Chart	Print Report	<input type="checkbox"/> Pump Info.
John Doe	0488	History	Chart	Print Report	<input type="checkbox"/> Pump Info.
Michael Patient	0787	History	Chart	Print Report	<input type="checkbox"/> Pump Info.
Jack Smith	0123	History	Chart	Print Report	<input type="checkbox"/> Pump Info.
Mary Smyth	0333	History	Chart	Print Report	<input type="checkbox"/> Pump Info.

Rx REMINDERS

PLACE NEW Rx

TRACK Rx STATUS

PATIENT HISTORY

56

46


48

49

1804

1808

Fig. 19



PRIORITY
HEALTHCARE CORPORATION

Patient History
Patient Selected is John Doe (DOB. 1-Jan_1956, SSN. 123-45-6789)

Patient Name	Rx#	Rx Date	Physician	Daily Rate
John Doe	234198	20-May-2000	Jonathan Doctor	12 ul
John Doe	437634	12-Jul-2000	Allen Clinician	12 ul
John Doe	723572	15-Sep-2000	Allen Clinician	15 ul
John Doe	837437	12-Nov-2000	Allen Clinician	17 ul
John Doe	876523	13-Jan-2001	Allen Clinician	23 ul

Rx REMINDERS

56

PLACE NEW Rx

46

PRINT REPORT

56

SAVE-EXCEL

48

TRACK Rx STATUS

48

PATIENT HISTORY

49

1904

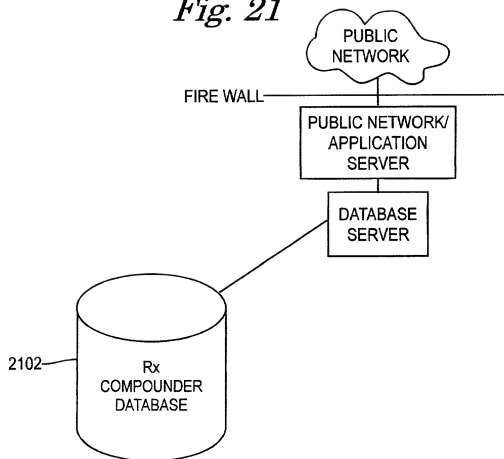
Fig. 21

Fig. 22



Patient Registration (Part 1 of 4) *Create new patient profile*

Patient Name:	<input type="text"/>	ID: New
Street Address:	<input type="text"/> (***) back-filled from DRS when available)	
City:	<input type="text"/> (***)	
Street Address:	<input type="text"/> (***)	
State:	<input type="text"/> (***)	Zip Code: <input type="text"/> (****)
Daytime Phone:	<input type="text"/> AAA-PPP-NNNN	Evening Phone: <input type="text"/> AAA-PPP-NNNN
* Date of Birth:	<input type="text"/> DD-MMM-YYYY	* Social Security No: <input type="text"/> NNN-NN-NNNN

<input type="button" value="GO BACK"/>	<input type="button" value="CANCEL"/>	<input type="button" value="CONTINUE"/>
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1001

1003

1005

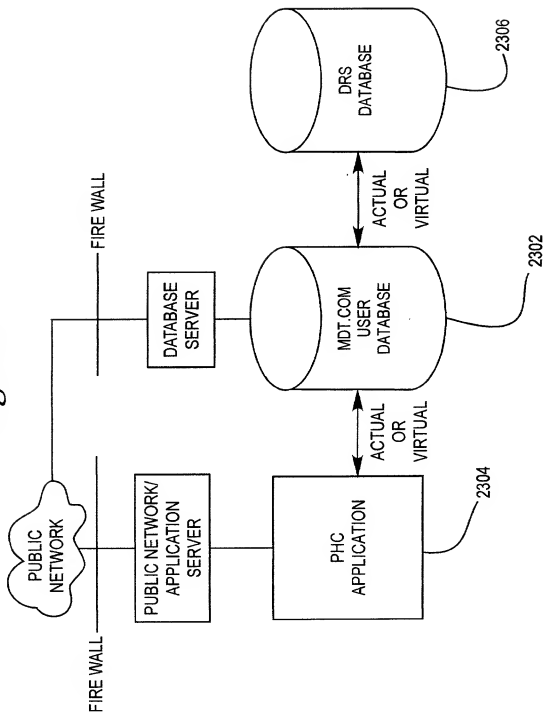
Fig. 23

Fig. 24

PRIORITY
HEALTHCARE CORPORATION

Patient Registration (Part 2 of 4)
Patient emergency contact and medical information

Patient Name: New A. Patient		ID: 523
Emergency Contact:		
Relationship:		Phone:
Allergies:		
Height:	cm	Weight:
Primary Diagnosis: (pre-filled from DRS when available)		
ICD9 Code:		Notes:

GO BACK CANCEL CONTINUE

1001 1003 1005

Fig. 25



Patient Registration (Part 3 of 4)
Patient Insurance Information.

☒ Primary
 ☐ Secondary
 ☐ Tertiary

Patient Name: New A. Patient		ID: 523
Insured Name:		
Relationship:	DOB:	
Insured SSN:		
Insurance Company:		
Insurance Phone:	Policy No:	
Group Number:	Notes:	

1001

1003

1005

Fig. 26

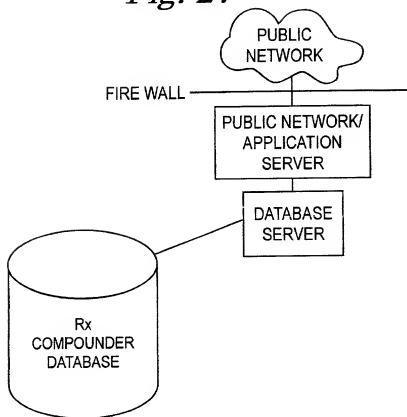
PRIORITY
HEALTHCARE CORPORATION


Patient Registration (Part 4 of 4)
Patient Medical devices - Drug Pump

Patient Name: New A. Patient		ID: 523
Infusion Pump:	<input type="radio"/> Yes <input type="radio"/> No	Manufacturer: <input type="text"/> (***)
Brand:	<input type="text"/>	Model No: <input type="text"/> (***)
Implant Date:	<input type="text"/> (***)	Reservoir Volume: <input type="text"/> (parsed) ml
Notes: <div></div>		

GO BACK CANCEL CONTINUE

1001 1003 1005

Fig. 27*Fig. 28*

 **PRIORITY**
HEALTHCARE CORPORATION

Please select Patient:

☐ Jack Smith (SSN 123-45-6789)

☐ Mary Smith (SSN 987-65-4321)

Fig. 29

NETSCAPE <div style="float: right; text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>											
FILE EDIT VIEW GO COMMUNICATION HELP											
<div style="text-align: center; margin-bottom: 10px;"> <h3>Multiple Drug Calculation System</h3> </div> <p>THE INFORMATION CAN BE CALCULATED USING THREE METHODS.</p> <p>METHOD 1: ENTER THE DESIRED REFILL INTERVAL, FILL VOLUME, DRUG CONCENTRATION UNITS AND DAILY DOSE(S). THEN SELECT [CALCULATE CONCENTRATION].</p> <p>METHOD 2: ENTER THE DESIRED REFILL INTERVAL, FILL VOLUME, DRUG CONCENTRATION UNITS AND CONCENTRATION(S). THEN SELECT [CALCULATE DAILY DOSE].</p> <p>METHOD 3: ENTER THE DESIRED FILL VOLUME. THEN FOR THE DRUG 1 SELECT THE DRUG CONCENTRATION UNITS, CONCENTRATION AND DAILY DOSE. NEXT, SELECT [CALCULATE REFILL INTERVAL].</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"> REFILL INTERVAL IN DAYS (1-180) <input style="width: 50px;" type="text"/> </td> <td colspan="2" style="text-align: center;"> FILL VOLUME IN ML (0.1-18.0) <input style="width: 50px;" type="text"/> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;"> DRUG NAME DRUG 1 DRUG 2 DRUG 3 DRUG 4 </td> <td style="text-align: center; vertical-align: top;"> CONCENTRATION (0-1000.0) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> </td> <td style="text-align: center; vertical-align: top;"> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> </td> <td style="text-align: center; vertical-align: top;"> DAILY DOSE (0-1000.0) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE CONCENTRATION(S)]</div> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE DAILY DOSE(S)]</div> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE REFILL INTERVAL]</div> </div> </td> </tr> </table> </div>		REFILL INTERVAL IN DAYS (1-180) <input style="width: 50px;" type="text"/>		FILL VOLUME IN ML (0.1-18.0) <input style="width: 50px;" type="text"/>		DRUG NAME DRUG 1 DRUG 2 DRUG 3 DRUG 4	CONCENTRATION (0-1000.0) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	<div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div> <div style="display: flex; align-items: center; justify-content: center;"> <input style="width: 20px;" type="text"/> <div style="margin: 0 5px;">▼</div> <input style="width: 20px;" type="text"/> </div>	DAILY DOSE (0-1000.0) <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> /ml	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE CONCENTRATION(S)]</div> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE DAILY DOSE(S)]</div> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE REFILL INTERVAL]</div> </div>	
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<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE CONCENTRATION(S)]</div> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE DAILY DOSE(S)]</div> <div style="border: 1px solid black; padding: 2px 5px;">[CALCULATE REFILL INTERVAL]</div> </div>											

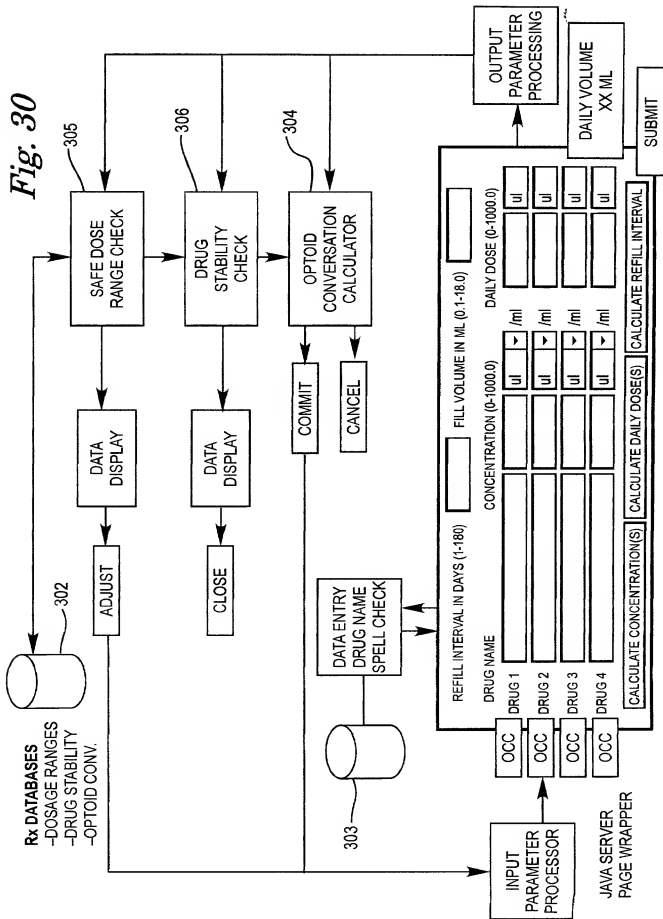


Fig. 31

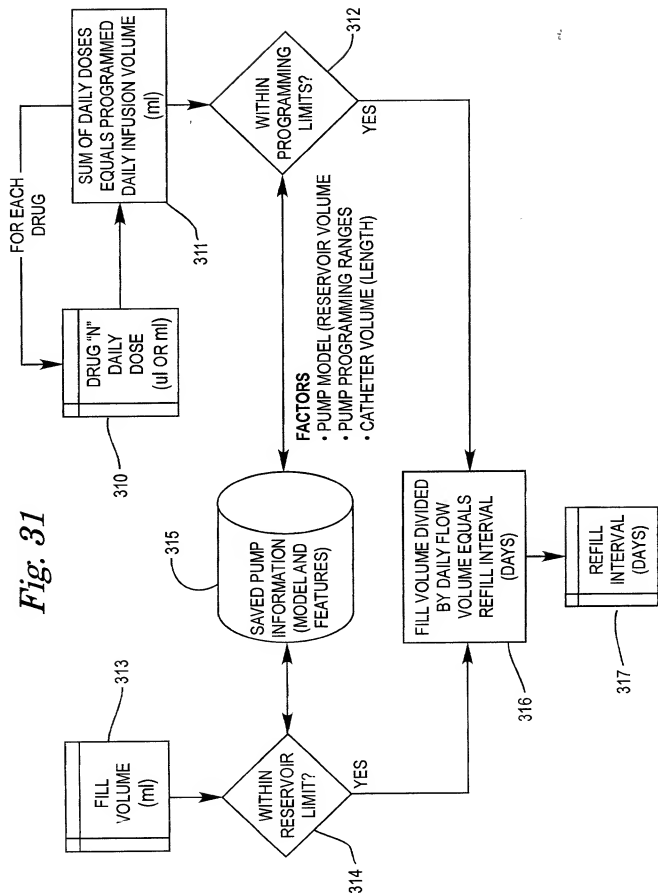


Fig. 32

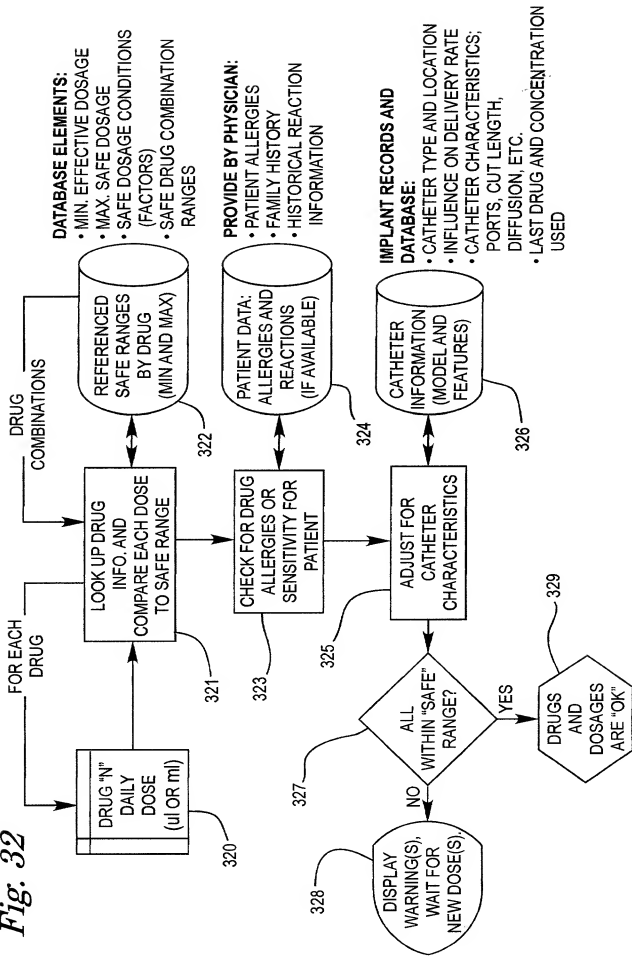


Fig. 33

